## FILING DATE SERIAL NO. APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT **AS FILED** DEP. DEP. DEP. IND. IND. DEP. IND. IND. IND. DEP. IND. DE2 l ŧ ł ġ ł ŧ TOTAL IND. \_1 TOTAL DEP. TOTAL DEP. \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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